



Ted Stevens Anchorage International Airport Communicable Diseases Response Plan

1 APRIL 2006

**Ted Stevens Anchorage International Airport
Communicable Disease Response Plan**

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PLAN SUMMARY

1. **Purpose:** To provide a single source document establishing procedures for the notification, response to, and recovery from communicable disease incidents.

2. **Conditions of Execution:** This plan establishes procedures to enable the Ted Stevens Anchorage International Airport to respond/recover from communicable disease incidents. This plan and applicable portions within may be implemented by the Airport Director or his/her representative. In communicable disease incidents this plan will normally be implemented by the Anchorage International Airport Operations Section in conjunction with the CDC Anchorage Quarantine Station Manager and Senior Airport Police & Fire official, or his/her representative serving as the initial On-Scene Incident Commander. Airport and agency response will depend upon the type and extent of the situation, its location, and the status of other emergencies which may be in progress at the time.

3. **Operations to be Conducted:**

a. **Deployment:** The Airport Response Group (ARG) (described below) may be deployed to the scene of a communicable disease threat. The Airport Response Group will respond according to procedures outlined in this plan.

b. **Employment:**

(1) The Airport Response Group (ARG) will respond to communicable disease threats occurring within the Ted Stevens Anchorage International Airport area of responsibility.

(2) Tasked agencies will respond according to this plan.

(3) When alerted to an actual or impending communicable disease threat, the Airport Director, as part of a Unified Command, will coordinate preparatory actions and Airport emergency services. Assistance may be provided, upon request to outside agencies, to save lives, prevent human suffering, and mitigate spread of disease.

c. **Agencies Assigned:**

Composition of the Initial Airport Response Group (ARG) may include:

- Ted Stevens Anchorage International Airport, Operations Section
- Ted Stevens Anchorage International Airport, Police & Fire Section
- Centers for Disease Control and Prevention, Anchorage Quarantine Station
- United States Customs and Border Protection
- Municipality of Anchorage, Office of Emergency Management

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- Municipality of Anchorage, Department of Health and Human Services, Division of Public Health
- State of Alaska, Department of Health and Social Services, Division of Public Health
- State of Alaska, Department of Military and Veterans Affairs, Division of Homeland Security/Emergency Management, State Emergency Coordination Center
- Affected Airlines

If needed, Follow-On support elements may include:

- Federal Bureau of Investigation
- Transportation Security Administration
- United States Department of State
- United States Department of Homeland Security
- American Red Cross, Anchorage Chapter

d. **Supporting Plans:** Each tasked agency will prepare checklists in support of this plan within 120 days of receipt. Each tasked agency will coordinate checklists with affected agencies to include the Ted Stevens Anchorage International Airport. When checklists are published, forward one copy to the Ted Stevens Anchorage International Airport, Operations Section to be included as an annex to this plan. Public health and other support agencies should include these requirements in their respective communicable disease response plans.

4. **Key Assumptions:** The Ted Stevens Anchorage International Airport and the Municipality of Anchorage are subject to the threat of communicable diseases transmitted by the flying public. The Ted Stevens Anchorage International Airport has limited resources and capabilities needed to fully respond to a communicable disease incident. Support will need to be rendered by other agencies in this regard.

5. **Command Relationships:** Normal channels apply. The overall responsibility for incident response and recovery rests with the Unified Command structure for the incident. The following applies to all response agencies:

- a. The On-Scene Incident Commander directs all response activities associated with the incident scene until relieved by higher authority.
- b. Jurisdiction rights are to be observed.
- c. The established Unified Command has primary responsibility to coordinate and direct the employment of resources in aid to communicable disease response operations.

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6. Logistics Appraisal:

a. The execution of initial response appears to be within the logistics capability of the Ted Stevens Anchorage International Airport. However, because of the many unknown logistic requirements involved in implementing this plan, an accurate appraisal is not possible. Requirements will depend upon such factors as:

- (1) The type of emergency
- (2) The location of the emergency
- (3) The magnitude of the situation
- (4) The size of response forces needed

7. Assessment of Shortfalls and Limiting Factors: Unknown

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DEFINITIONS

1. **Isolation** refers to the separation and restriction of movement or activities of ill infected persons (patients) who have a contagious disease, for the purpose of preventing transmission to others.
2. **Quarantine** refers to the separation and restriction of movement or activities of persons who are not ill, but who are believed to have been exposed to infection, for the purpose of preventing transmission of disease.

ACRONYMS

ANC	Ted Stevens Anchorage International Airport
APHIS	Animal and Plant Health Inspection Service
APIS	Advance Passenger Information System
AQS	Anchorage Quarantine Station
ARG	Airport Response Group
CBP	U.S. Customs and Border Protection
CDC	U.S. Centers for Disease Control and Prevention
CFR	U.S. Code of Federal Regulations
DEC	Alaska Department of Environmental Conservation
DGMQ	Division of Global Migration and Quarantine
DHS	U.S. Department of Homeland Security
DHSS	Alaska Department of Health and Social Services
DPH	Alaska Division of Public Health
EMI	Emergency Management Institute
EMS	Emergency Medical Services
EOC	Emergency Operation Center
FAA	Federal Aviation Administration
FBI	Federal Bureau of Investigation
FEMA	Federal Emergency Management Agency
FIS	Federal Inspection Services
Haz Mat	Hazardous Materials
HHS	U.S. Department of Health and Human Services
IC	Incident Commander
ICP	Incident Command Post
ICS	Incident Command System
MOA Hospital	Memorandum of Agreement Hospital
MOA/DHHS	Municipality of Anchorage, Department of Health and Human Services
PH	Public Health
PHS	United States Public Health Service
PIO	Public Information Officer
PPE	Personal Protective Equipment
SOP	Standard Operating Procedures
TSA	Transportation Security Administration
UC	Unified Command

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USDA
VMO

United States Department of Agriculture
Veterinary Medical Officer

AUTHORITY

1. **International Flights**: Under CFR Title 42, Section 71.21, the Centers for Disease Control and Prevention Anchorage Quarantine Station (CDC AQS) or the nearest quarantine station is primarily responsible for responding to communicable disease events on international flights.

2. **Airlines Reporting Responsibilities**: It is the responsibility of the airlines to report to the CDC AQS the onboard occurrence of death or illness among passengers or crew members destined to arrive in the Anchorage International Airport from international points of origin. These responsibilities are fully defined in CFR Title 42, Section 71.1. In addition, the following communicable diseases are quarantinable as described under the United States Presidential Executive Order 13295.

- Cholera
- Diphtheria
- Infectious Tuberculosis
- Plague
- Smallpox
- Yellow fever
- Viral hemorrhagic fevers (e.g., Marburg, Ebola, Congo-Crimean)
- SARS
- Influenza caused by novel or pandemic strain

3. **Flight Crew Reporting Responsibilities**

a. If an “ill person” is noted on a flight, the crew must report the illness to the respective airline’s operations headquarters/command center prior to arrival at the airport. The airline’s operations headquarters/command center will then notify the CDC AQS and ANC Operations. As stated in CFR Title 42, Section 71.1, an “ill person” means a person who has:

- Temperature of 100°F (38°C) or greater accompanied by rash or
- Temperature of 100°F (38°C) or greater accompanied by glandular swelling or
- Temperature of 100°F (38°C) or greater accompanied by jaundice (yellowing of skin, mucous membranes, or eyes) or
- Temperature of 100°F (38°C) or greater which has persisted for more than 48 hours or
- Diarrhea defined as the occurrence in a 24-hour period of three or more loose stools or a greater than normal amount of loose stools.

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b. Crew members may solicit the assistance from medical professionals on board the carrier, or who may be available by phone, in determining the presence of illness for which reporting is required. The CDC AQS may also be consulted for assistance with evaluation of an ill passenger or for other questions regarding the requirements of reporting. All notifications should be made as soon as possible in order to facilitate the ground response and prevent introduction of communicable diseases into the local community.

4. Agency Response

- a. For suspected communicable diseases on international flights investigation will be led by CDC AQS.
- b. For confirmed bioterrorism events occurring on all flights (international and domestic) the investigation will be led by the Federal Bureau of Investigation.
- c. Roles and responsibilities for each participating agency is described in the Appendices of this plan.

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NOTIFICATION AND RESPONSE

1. Overview of Notification

The response to a suspected communicable disease on international flights would occur in three phases:

a. Notification

- (1) Initial notification
- (2) Assessment
- (3) Notification of Airport Response Group, Airport Emergency Operations Center, MOA Emergency Operations Center, State Emergency Coordination Center, and Designated Referral Healthcare Facility/Hospital

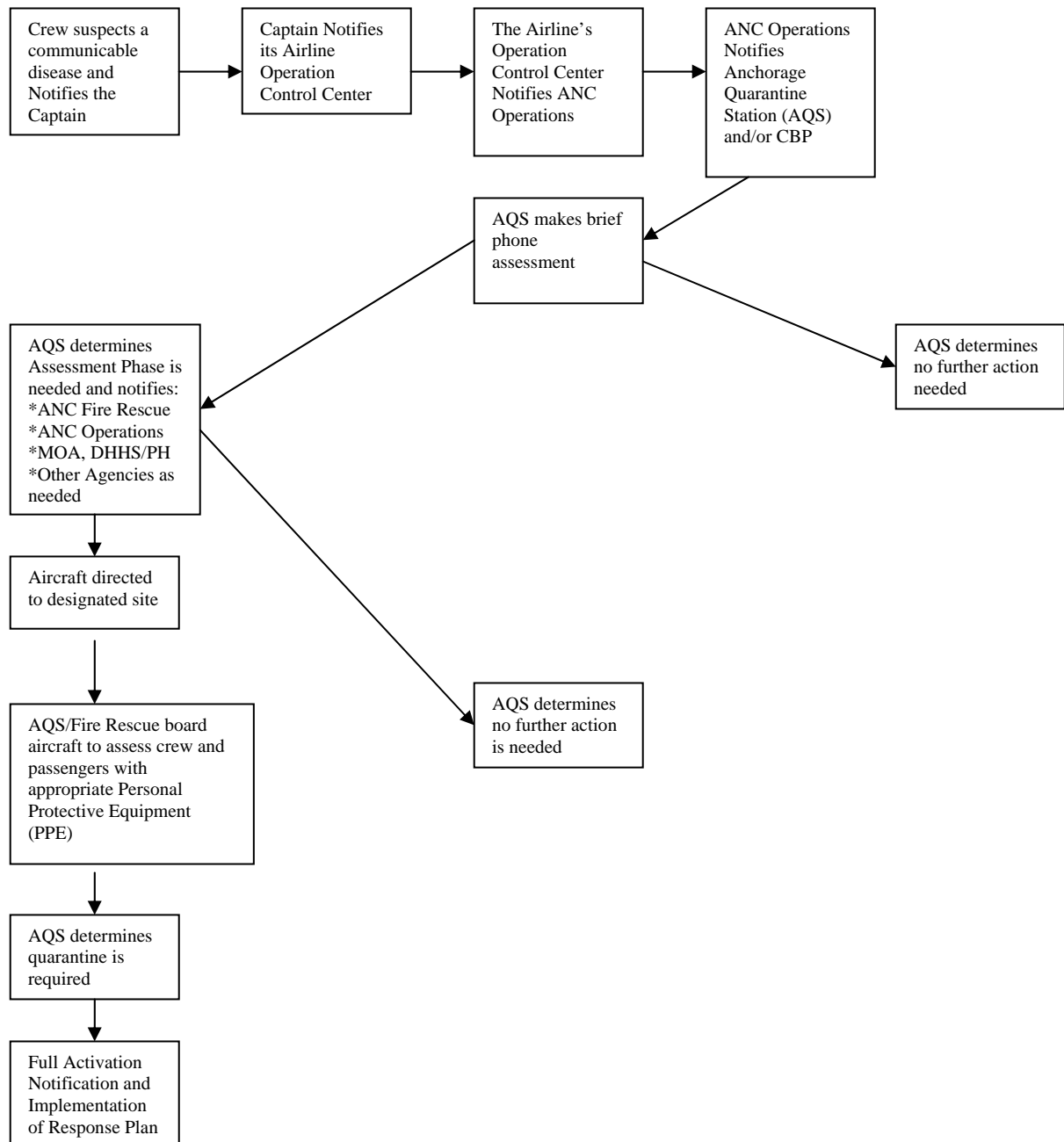
b. Response

- (1) Activation of Airport Response Group
- (2) Activation of ANC Emergency Coordination Center
- (3) Activation of Municipality Of Anchorage Emergency Operations Center
- (4) Activation of the State Emergency Coordination Center

It is anticipated that a single flight on a commuter aircraft arriving at the Ted Stevens Anchorage International Airport will most likely be within the response capabilities of these agencies. However, a massive event involving a single flight carrying large numbers of sick or exposed passengers, multiple flights carrying ill passengers arriving during a condensed time period, or a single case of smallpox or pandemic influenza would require a large scale response. An event of this magnitude would require the close cooperation and resources of local, state, and federal agencies.

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INITIAL NOTIFICATION OF SUSPECTED COMMUNICABLE DISEASE



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2. Flight Crew and Airline

The crew will notify the Captain if it identifies a passenger with a suspected communicable disease onboard an international aircraft from an international point of origin. The Captain will then contact its Airline's Operational Control Center, who will notify the CDC AQS and the ANC Operations.

The Airline will be responsible in keeping the public informed of any potential delays in disembarkation.

3. Anchorage Quarantine Station

Once the AQS is notified and makes an initial brief assessment the AQS may communicate with the following agencies, if necessary:

- CDC Headquarters
- Anchorage International Airport Operations Section
- Anchorage International Police/Fire Rescue
- Municipality of Anchorage, Department of Health and Human Services, Division of Public Health
- U.S. Customs and Border Protection
- Department of Health and Social Services, Division of Public Health
- Designated isolation or treatment facility/hospital

The order of notifications will be determined by the event and flight origin.

Consideration will be given to contacting the designated isolation or treatment facility/hospital as soon as there is any indication that passenger(s) will require airborne isolation or acute medical care. The facility must be notified once absolute determination is made that an ill passenger is to be transported.

4. Flight Arrival at Anchorage International Airport

The arriving aircraft will be directed to a parking spot determined by the Anchorage International Airport Operations Section.

- Air conditioning to the aircraft cabins is to be maintained at all times.
- The Captain of the aircraft will inform the crew and passengers as to the nature of the situation and of the sequence of events.
- The Captain of the aircraft will announce that all passengers will have to remain seated until the CDC AQS or proxy have arrived and interviewed all necessary passengers.
- The CDC AQS personnel will make an effort to be available to help the Captain to inform the crew and passengers.

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5. ANC Operations Section

- Will determine the parking location of the arriving aircraft.
- Secure facility to house passengers, if quarantine is needed.
- Notify Dispatch to ensure Airport Police & Fire Rescue, CDC AQS, and CBP are notified of incident.
- Notify State Emergency Coordination Center.

6. Anchorage Quarantine Station (AQS)

- Whenever possible, the CDC AQS will board the aircraft to perform the initial assessment to rule out the presence of a communicable disease that would constitute a public health threat. Airport Police & Fire Rescue will standby to assist AQS. The CDC AQS will ensure all personnel have the appropriate personal protective equipment (PPE) prior to boarding the aircraft.
- CDC AQS will interview passenger(s) with signs and symptoms to obtain information about their illness and travel histories using the appropriate CDC Form. In addition, all traveling companions of the ill passenger(s) will be identified and interviewed for signs and symptoms and exposures.
- If indicated, the CDC AQS will facilitate within 5 hours the receipt of a legal quarantine order for flights associated with international points.

7. ANC Police & Fire Rescue

- Will be alerted and dispatched to the Airport EOC when activated.
- First on-scene and assume Incident Command for 8 to 10 hours.
- Respond to the location of the affected aircraft.
- If needed, enter the aircraft with CDC AQS and provide medical assistance as necessary.

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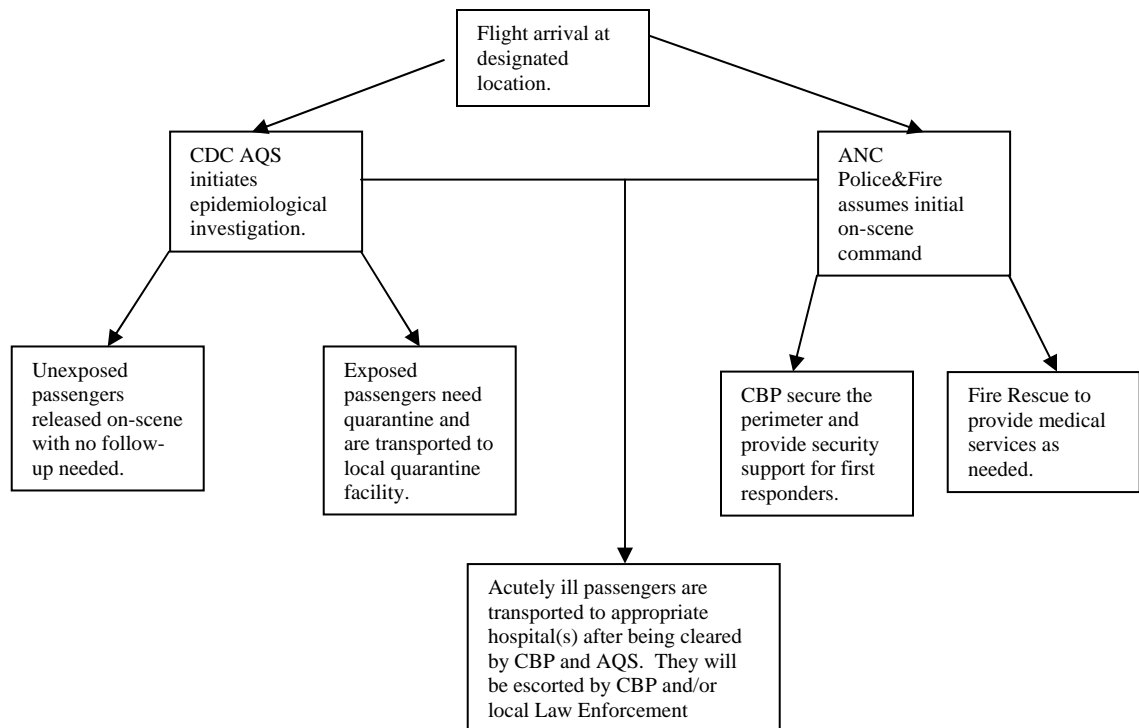
FULL ACTIVATION OF INITIAL AND FOLLOW-ON ELEMENTS

1. CDC Anchorage Quarantine Station

After assessment, the CDC AQS will determine the presence of a quarantinable communicable disease and initiate full notification of the Follow-On Elements of the ARG.

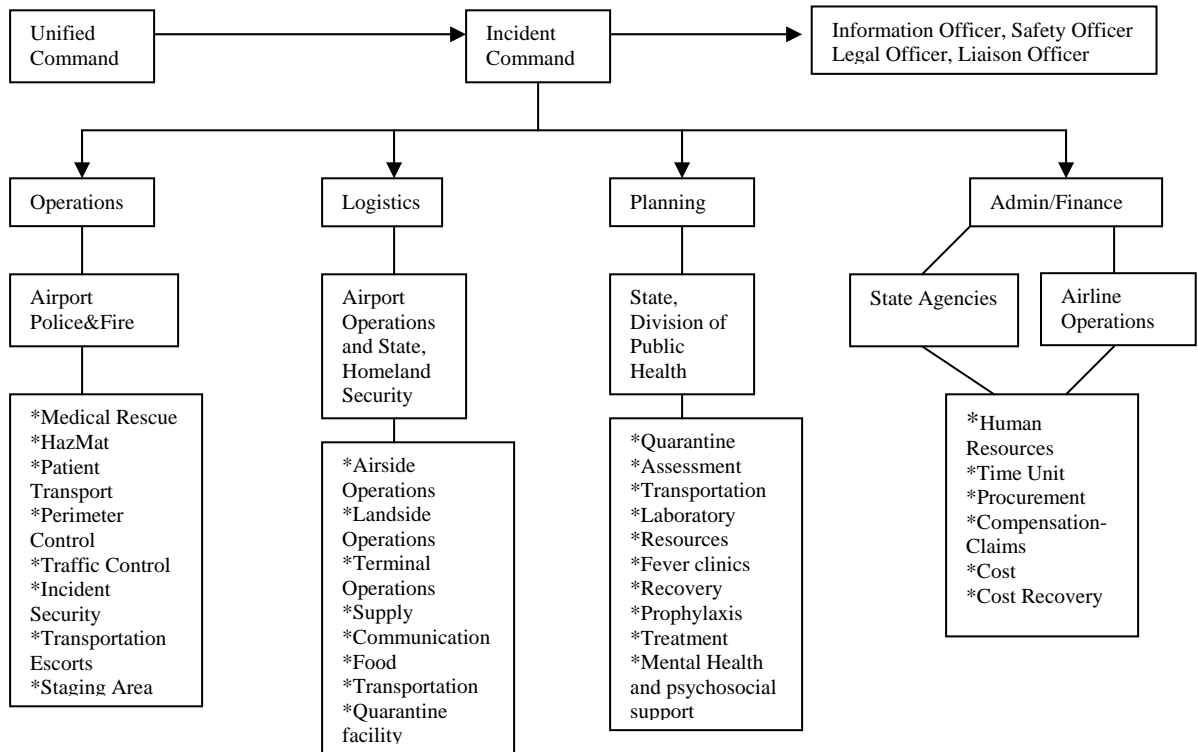
The order of notifications will be determined by the event and flight origin. Airport Operations EOC will activate this plan and any other plans relevant to the situation.

RESPONSE FLOW CHART



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INCIDENT COMMAND STRUCTURE



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RESPONSE PHASE

1. Airport Police & Fire Rescue

- Assume initial command of the incident.
- Be identified by a green light on top of the vehicle.
- Incident Commander will request dispatch of a Mobile Command Post, if needed.
- The location of the Mobile Command Post will become the Field Command Post.
- All arriving responders will report to the Field Command Post and check in with the Incident Commander.
- The Airport EOC will be notified of any delays in passenger disembarkation until the situation has been assessed.

2. CDC AQS

- Will report to the Field Command Post and check in with the Incident Commander.
- If the flight is blocked at a Gate, the AQS will respond to the appropriate TSA checkpoint. TSA will escort responding personnel to the appropriate Gate.
- Will don appropriate PPE prior to boarding the aircraft and while assessing the crew and passengers.
- Accomplish initial assessments and annotate numbers of ill passengers.
- Request additional help from other local, state, and federal agencies to assist in the evaluation of passengers, if needed.
- Will interview and assess the crew and passengers to determine exposure/illnesses.
- Will notify Airport EOC if patient transportation is required.
- If transportation of patients to a designated facility is required the following must be followed carried out:
 - Request escort for ambulance.
 - Ensure transportation personnel are briefed of the situation and infection control procedures are in place.
 - Ensure ambulance personnel wear appropriate PPE.

3. U.S. Customs and Border Protection (CBP):

International flights will require constant visual monitoring of luggage and passengers by CBP officers in coordination with TSA inspectors. No passengers or baggage may be removed from the aircraft until cleared by CBP and TSA.

CBP and TSA will be notified of an arriving flight by the CDC AQS and Airport Operations. Once notified:

- CBP and TSA will dispatch appropriate personnel to the aircraft location and report to the Field Command Post.

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- CBP will standby with appropriate PPE to board the aircraft with CDC AQS to provide security.
- CBP has the authority to transfer the custody of international passengers in the event that an off-site quarantine action is warranted.
- If passenger(s) require transportation a CBP officer will accompany the passenger(s).

All international passengers must have their individual customs and immigration papers in their possession at all times for inspection by CBP personnel.

4. Federal Bureau of Investigation (FBI):

If the incident has any indication or suspicion of being a possible terrorist event the CDC AQS will notify the Office of the FBI in Anchorage. Once notified the FBI will respond to the Field Command Post and report to the Incident Commander. The FBI has jurisdiction over all confirmed terrorist threats/events.

5. U.S. Attorney's Office and U.S. Department of State:

For international flights, the U.S. Attorney's Office and/or U.S. Department of State will be notified so they can contact consulates to verify the diplomatic status of passenger(s) claiming diplomatic affiliations. If a diplomatic pouch is present on board the aircraft its disposition will be determined by the U.S. Department of State in consultation with the Incident Commander.

6. Public Information Office:

To keep the public informed of the events at Anchorage International Airport, all responding agencies will provide a Public Information Officer (PIO), or representative, to the Airport's Emergency Operations Center. The Public Information Officers are to coordinate joint press releases/conferences through the lead PIO as designated by the Incident Commander.

7. Aircraft Decontamination:

Any aircraft/facility involved in an incident will necessitate an evaluation for the appropriate decontamination. Any aircraft/facility deemed to need decontamination will be prohibited for use until found safe.

8. End of Initial Response:

The initial response phase is considered over once the infected individual(s) are diagnosed by either federal or state public health agency. The Airport will significantly reduce their participation in the incident after the initial response phase is over.

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APPENDIX 1

INCIDENT COMMAND SYSTEM – General Roles and Responsibilities

The Incident Command System (ICS) includes general principles and procedures with which all response personnel should be familiar. Understanding and following these general procedures are the responsibility of each individual working within an ICS response structure.

FEMA, through the Emergency Management Institute (EMI) provides a self-instructional study course on the basics of the ICS. The internet URL address for this course is:

<http://training.fema.gov/EMIWeb/IS>

All personnel are encouraged to become knowledgeable in the basics of the ICS.

Individuals' responsibilities range from understating and using ICS procedures intended to provide for well-coordinated operations and smooth flow of information, to being responsible for one's own safety. Before undertaking any of the tasks personnel must first be fluent in the following general ICS procedures.

Mobilization

- Receive assignment, notification, reporting location, reporting time and travel instructions.
- Secure approval from your supervisor in accordance with Ramp-Up and/or Call-Out procedures.
- Receive ICS assignment, check-in station location, and operating location before departure.
- Transport personal response gear with you (PPE, field gear, cold/foul weather gear, survival gear, etc.).

Check-In and Check-Out

- Upon arrival at the incident, check-in at the designated check-in station. Check-in locations may be found at the Airport Emergency Operations Center, Incident Command Post, or the Staging Area(s).
- Agency representatives from assisting or cooperating agencies report to the Liaison Officer at the check-in location.
- Check-out prior to departing the incident

Safety

- Immediately after reporting in and before performing any response function:
 - Seek out and receive a safety briefing.
 - Obtain a copy of the, review, and sign the Site Safety Plan.

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- During operations, report all accidents, near misses or unsafe acts to a supervisor and/or the Safety Officer.

Operations

- Report to your immediate supervisor and receive assignment. Acquire work materials.
- Keep your immediate supervisor informed of all significant events/decisions.
- Follow the established ICS chain of command.
- Use clear text and ICS terminology in all radio transmission.

Reporting

- Prepare a daily time report.
- Prepare a daily activity log.
- Supervisors are to complete a Unit Log for each day.
- Provide reports to immediate supervisor for routing via the chain of command.

Incident Commander/Unified Command

The Incident Commander (IC) or the Unified Command (UC) is responsible for all aspects of the response, including developing incident objectives and managing all incident operations. Responsibilities include:

- Ensure the appropriate actions are taken to protect the health and safety of response personnel.
- Assess the situation and/or obtain incident briefing from prior Incident Commander.
- Determine incident objectives and strategies.
- Establish the immediate priorities.
- Establish the Incident Command Post.
- Establish an appropriate organization.
- Brief staff and branch/section chiefs.
- Ensure planning meetings are scheduled as required.
- Approve and authorize the implementation of an Incident Action Plan.
- Determine information needs and advise staff.
- Coordinate activity for all staff.
- Manage incident operations.
- Approve requests for additional resources and requests for release of resources.
- Authorize release of information to news media.
- Ensure incident funding is available.
- Coordinate incident investigation responsibilities.
- Seek appropriate legal counsel.
- Order the demobilization of the incident when appropriate.
- Maintain Unit Log.

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Deputy Incident Commander

The Deputy Incident Commander is a fully qualified individual who, in the absence of the Incident Commander, may be delegated the authority to manage a functional operation or perform a specific task. In some cases, the Deputy Incident Commander may act as relief for a superior and must be fully qualified in the position.

Information Officer

The Information Officer is responsible for developing and releasing information about the incident to the news media, to incident personnel, and to other appropriate agencies and organizations. Responsibilities include:

- Determine from the Incident Commander if there are any limits on information release.
- Develop material for use in media briefings.
- Obtain Incident Commander approval for media releases.
- Inform media and conduct media briefings.
- Arrange for tours and other interviews or briefings that may be required.
- Obtain media information that may be useful to incident planning.
- Maintain current information summaries and/or displays on the incident and provide information on status of incident to assigned personnel.
- Maintain Unit Log.

Safety Officer

The Safety Officer is responsible for monitoring and assessing hazardous and unsafe situations and developing measures for assuring personnel safety. The Safety Officer will correct unsafe acts or conditions through the regular line of authority, although the Safety Officer may exercise emergency authority to stop or prevent unsafe acts when immediate action is required. The Safety Officer maintains awareness of active and developing situations, ensures the preparation and implementation of the Site Safety Plan, and includes safety messages in each Incident Action Plan. Responsibilities include:

- Identify hazardous or unsafe situations/conditions associated with the incident by ensuring the performance of preliminary and continuous site characterization and analysis which will include the identification of all actual and potential hazards known or expected to be present on site.
- Participate in planning meetings to identify any health and safety concerns inherent in the operations daily work plan.
- Review the Incident Action Plan for safety implications.
- Exercise emergency authority to stop and prevent unsafe acts.
- Investigate accidents that have occurred within incident areas.
- Ensure the preparation and implementation of the Site Safety Plan. As a minimum include:

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- Health and safety hazard analysis.
- Personnel training requirements.
- PPE selection criteria.
- Confined entry procedures.
- Information for safety briefings.
- Assign assistants and manage the incident safety organization.
- Maintain Unit Log.

Liaison Officer

Incidents that are multi-jurisdiction or have several agencies involved may require the establishment of the Liaison Officer position on the Command Staff. Responsibilities include:

- Provide a point of contact for assisting and cooperating Agency Representatives.
- Identify Agency Representatives from each agency including communications link and location.
- Maintain a list of assisting and coordinating interagency contacts.
- Keep agencies supporting the incident aware of incident status.
- Monitor incident operations to identify current and potential inter-organizational issues and advise Incident Command as appropriate.
- Participate in planning meetings; provide current resource status information, including limitations and capabilities of assisting agency resources.
- Maintain Unit Log.

Legal Officer

Responsibilities include:

- Obtain briefing from Incident Commander.
- Assist in the composition of any disaster declaration.
- Familiarize yourself on the Emergency Operations Plan.
- Provide interpretation, at the Incident Commander's request, of the actions taken.
- Be prepared to give a verbal legal opinion, and a confirming written opinion, on the actions of any agency taken.
- If requested, review for legal advice, press releases/statements prior to their release.
- Attend planning meetings of the Incident Management Team.
- Assist and advise the Incident Commander in the development of the Incident Action Plan as it pertains to legal matters.
- Review emergency contracts and procurements as requested.
- Maintain Unit Log.

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APPENDIX 2

AGENCY ROLES AND RESPONSIBILITIES

Captain/Crew of Aircraft

Responsibilities include:

- Immediately report to the nearest CDC Quarantine Station any death or illness among passengers or crew during the flight.
- Follow instructions for diversion if determined to be necessary.
- Help keep passengers and crew informed and calm.
- Evaluate the status of the ill person. A health-care provider can assist if aboard aircraft.
- Isolate the ill person to the extent possible and provide a mask if appropriate.

Airlines' Ground Agents

Responsibilities include:

- Coordinate operations and maintain communication between the captain of the airplane and CDC to monitor the status of ill person.
- Provide instructions to the conveyance crew, in consultation with port authorities, CBP, and CDC Quarantine Station.
- Provide assistance for an on-site crisis management team when requested to assist public health authorities; the team may include experts in communications, medical and mental health services, occupational health, environmental health, and engineer or manufacturer representatives and passenger service staff.
- Coordinate with CDC and state and local health departments on media relations and press management.
- Help make travel arrangements and transport passengers to their final destinations when public health considerations allow.

Airport Operations Center

Responsibilities include:

- Develop airport emergency response plans.
- Secure quarantine location on airport property, if needed.
- Assist in deciding when and where the airplane should land.
- Provide credentials and to personnel and emergency responders who require access to restricted areas of the port.
- Make appropriate notifications about the incident.
- Coordinate with federal, state, and local authorities on media relations and press management.

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- Facilitate processing of passengers and crew by the Department of Homeland Security staff when the event is over.

Emergency Medical Services (EMS)

Responsibilities include:

- Assess the status of the ill person. If suspicion of disease await CDC AQS determination.
- Remove patient from the airplane and transport by ambulance to the designated medical facility.
- Provide first aid and other emergency medical services to ill or injured passengers or crew members.
- Assist the public health responders and other on-site health-care providers.

State and Local Health Department

Responsibilities include:

- Assume Unified/Incident Command after initial response.
- Provide medical staff or other medical professionals to serve as public health responders and perform the initial assessment of ill person.
- Notify the designated referral health-care facility with patient isolation capabilities that a suspected ill person is in transit; designate a facility if one has not been previously identified.
- Notify state medical examiner if indicated.
- Collaborate with CDC to develop a plan for temporary care and quarantine of other passengers and crew who may have been exposed to but have not developed symptoms of illness.
- Prepare strategies for mental health intervention for ill persons, persons who have been exposed and are under quarantine, their families, and service providers.
- Assist emergency management agencies, if needed, in planning for and activating temporary-care facility and quarantine facility.
- Provide clinical and public health information to local health-care providers and the public.
- Provide information and recommendations to local and state authorities.
- Coordinate with CDC and other federal agencies on media relations and press management.

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State and Local Emergency Management Authorities

Responsibilities include:

- Work with state and local health departments to support the planning and preparation activities to operate temporary-care and quarantine facilities at Airport.
- Seek assistance from the Federal Emergency Management Agency (FEMA) when appropriate.

State and Local Law Enforcement Agencies

Responsibilities include:

- Provide security for the response staging area and control access to and from the airplane and the airport.
- Provide security for the route between the aircraft and the Incident Command Post (ICP); escort agency representatives in and out of the ICP and airport as needed.
- Provide representatives to the ICP.
- Maintain crowd control.
- Assist in and expedite the transfer of ill persons and clinical materials for evaluation and treatment.
- Enforce required actions (e.g., transportation) from ill persons or persons who have been exposed to an illness if any such persons are uncooperative.

Local Health-Care Facilities

Responsibilities include:

- Isolate ill persons when medically indicated.
- Evaluate and treat referred ill persons.
- Evaluate exposed persons if they develop illness signs or symptoms under appropriate quarantine conditions.
- Provide clinical information to federal, state, and local public health authorities
- Work with public health authorities on media relations and press management.
- Plan and prepare for isolation and quarantine of persons and parts or all of the facility; develop strategies for providing mental health assistance to staff.

American Red Cross and Other Local Support Organizations

Responsibilities include:

- Provide supportive services to persons exposed to the illness, as well as to service providers. These support services include but are not limited to, providing:
 - Meals,

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- Drinks/water,
- Tables and chairs,
- Cots,
- Bedding,
- Space heaters/fans,
- Portable toilet facilities,
- Hand washing facilities,
- Telephones,
- Television, movies, radio,
- Reading materials,
- Games, and
- PA system.

Centers for Disease Control and Prevention (CDC)

Responsibilities include:

- Authorize the order to temporarily detain passengers and crew for appropriate evaluation and response to reports of illness.
- Issue appropriate quarantine orders.
- Arrange or assist in the arrangement of medical evaluations of ill travelers and determine the need for public health interventions.
- Provide advice and guidance to the public health responders, including state and local public health authorities, in implementing quarantine measures and caring for ill persons and persons who have been exposed to the illness.
- Obtain information on the ill person (e.g., demographics, travel itinerary, illness history, and medical status) and conveyance (# of passengers, manifest availability).
- Communicate with other federal, state, and local response partners regarding the ill person's medical disposition.
- Notify and collaborate with other federal agencies when ill persons have been detained or paroled into the United States, pursuant to the Immigration and Nationality Act, to be evaluated or treated for communicable diseases.
- Implement heightened disease monitoring at U.S. ports of entry (airports, seaports, and land border posts), working with airline and airport partners, state and local health departments, and the Department of Homeland Security.
- Participate in the management of media relations and press inquiries, in collaboration with state and local health departments and information officers from other response partners.
- Work with the Department of State and World Health Organization to provide information about the ill international traveler to ministries of health at the ill person's place of origin and at intermediate destinations.
- Assist in the development of occupational health and infection control guidelines for Federal Inspection Services (FIS) at ports of entry.
- Rescind quarantine orders when public health situation allows.

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Bureau of Customs and Border Protection (CBP)

Responsibilities include:

- Provide enforcement resources during an ill passenger response (e.g., detaining and expediting the transport of a recalcitrant ill person for medical assessment, and enforcing “no sail” or “no fly” orders).
- Meet the conveyance and prevent the disembarkation of passengers and crew until medical personnel arrive, if no quarantine officer or public health designee is able to meet the conveyance on arrival.
- Detain ill persons and notify appropriate CDC Quarantine Station to initiate their medical assessment before they can be released or evaluated further.
- Assist public health authorities in identifying travelers at risk by providing passenger Customs Declarations, Advance Passenger Information System (APIS) data, and other sources of traveler information in response to a specific request by CDC.
- Assist public health authorities in locating persons suspected to have been in contact with ill persons.
- Parole, if necessary, ill persons into the United States if public health interventions are indicated, and detain ill persons ineligible for parole to facilitate medical transportation and evaluation under its custody.
- Assist CDC in distributing health information at ports of entry.
- Make available to CDC the services of CBP resources (e.g., Division of Immigration Health Services) as they relate to public health.
- Assist in the development of occupational health and infection control guidelines for Federal Inspection Services (FIS) at ports of entry.

Transportation Security Administration (TSA)

Responsibilities include:

- Assist public health authorities in locating persons suspected to have been in contact with ill persons.
- Assist CDC in distributing health information to travelers.

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APPENDIX 3

QUARANTINE AUTHORITY

CDC Division of Global Migration and Quarantine (DGMQ)

Title 42 United States Code Section 264 [Section 361 of the Public Health Service (PHS) Act] gives the Secretary of the Department of Health and Human Services (HHS) responsibility for preventing the introduction, transmission, and spread of communicable diseases from foreign countries into the United States and within the United States and its territories/possessions. This statute is implemented through regulations found at 42 CFR Parts 70 and 71. Under its delegated authority, the Centers for Disease Control and Prevention (CDC), through the Division of Global Migration and Quarantine (DGMQ), is empowered to detain, medically examine, or conditionally release persons suspected of carrying a communicable disease.

Under its delegated authority, DGMQ has statutory responsibility to make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States. Some of the tasks undertaken to meet legal and regulatory responsibilities are:

- Oversee the medical examination of aliens in accordance with the Immigration and Nationality Act;
- Monitor the quality of medical examinations and documentation of aliens abroad and in the United States;
- Notify State and local health departments of the arrival of refugees in their jurisdiction;
- Oversee the screening of arriving international travelers for symptoms of illness that could be of public health significance;
- Provide travelers with essential health information through publications, automated fax, and the Internet;
- Enforce entry requirements for certain animals, etiologic agents, and vectors deemed to be of public health significance;
- Undertake special projects in response to immigration emergencies and/or threats posed by emerging infections;
- Collect and disseminate worldwide health data;
- Assure timely distribution of investigational drugs and immunobiologics to patients in order to minimize morbidity and mortality; and
- Perform inspections of maritime vessels and cargos for communicable disease threats.

Alaska Department of Health and Social Services, Division of Public Health

The Alaska Department of Health and Social Services (DHSS) is the primary state agency responsible for preventing the introduction, transmission, and spread of communicable diseases from foreign countries into the State of Alaska. These

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responsibilities are carried out by DHSS' Division of Public Health. Alaska law gives DHSS authority to investigate outbreaks of communicable diseases (AS 18.15.375) and in cases of emergency, use quarantine or isolation to control the outbreaks (AS 18.15.385(e)). DHSS has authority to seek court orders for isolation or quarantine in non-emergency situations (AS 18.05.385). In cases where the governor has declared a disaster emergency under AS 26.23.020(c) due to a disease outbreak, DHSS, in conjunction with the Department of Military and Veterans' Affairs have additional powers to protect the public health (AS 18.15.390). The governor also has authority to respond to a communicable disease outbreak by limiting egress to or ingress from a declared disaster area (AS 26.23.020(g)(7)).

Alaska law requires DHSS to carry out its duties in cooperation with the federal government when national interests are implicated (AS 18.05.030). DHSS' duties are further defined in Title 7, Chapter 27 of the Alaska Administrative Code.

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APPENDIX 4

AGENCY NOTIFICATIONS

Notifications among responding agencies to a communicable disease incident on an international aircraft should be timely and redundant. In particular, designated healthcare facilities/hospitals should be notified prior to transport and treatment of suspected ill persons (see below).

Initial notifications:

Conveyance Operator should notify:	
CDC Anchorage Quarantine Station	271-6301
ANC Police & Fire Dispatch Center	266-2555
ANC Operations Center	266-2600
CBP	271-6313

Customs and Border Protection (CBP) should notify:	
CDC Anchorage Quarantine Station	271-6301

Airport Police/Fire Department/EMS Dispatch Center should notify:	
CDC Anchorage Quarantine Station	271-6301
CBP	271-6313
Municipality of Anchorage, Office of Emergency Management	Day: 343-1401 Evenings/Weekends: 911
Designated Healthcare Facility/Hospital	See Below

FAA should notify:	
ANC Police & Fire Dispatch Center	266-2555

CDC Quarantine Station should notify:	
ANC Police & Fire Department Dispatch Center	266-2555
Alaska Division of Public Health	269-8000
Municipality of Anchorage, DHHS/Public Health	242-7918
Designated Healthcare Facility/Hospital (CDC MOAs/agreements with hospitals may only be activated by CDC staff and with prior authorization from CDC Headquarters)	See Below

Designated Healthcare Facilities/Hospitals	
Alaska Regional Hospital – Emergency Department	264-1222
Providence Hospital	562-2211

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Providence Hospital Emergency Room	261-3111
Elmendorf AFB Hospital Emergency Room	580-6260 580-5555
Alaska Native Medical Center Emergency Room	563-2662 729-1729

Other Notifications:

Depending on the nature of the communicable disease event and the scope of the response (high public health significance vs low public health significance), in addition to the responders listed in the notifications above, the entities listed below may be considered in notification lists for airport response planning:

State Responders	
State Emergency Coordinate Center	428-7000/7100
State Troopers	352-5401
Medical Epidemiologist	269-8000
Medical Laboratory	1-800-418-8077
Public Information Officers	266-2107

Other:	
American Red Cross	277-1538
Department of Homeland Security (DHS)	271-5149
Department of Transportation/FAA	271-2700
Federal Bureau of Investigation (FBI)	276-4441
State Emergency Coordination Center, Department of Military and Veterans Affairs, Alaska National Guard	428-6041

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APPENDIX 5

ILL PASSENGER RESPONSE

The in-flight response to a communicable disease incident on an international flight involves three activities: deciding where to gate the aircraft, assembling the initial response team, and preparing for the arrival of the ill passenger(s).

Parking the Aircraft

The nature of the event and the scope of the anticipated response will dictate where to gate the aircraft. Three options for gating the aircraft are:

- Gate the aircraft at its assigned gate. The advantages of gating the aircraft at its assigned gate are that responders will have easy access to the ill passenger(s) and that, should the incident be a minor one, passengers will be able to disembark quickly. The disadvantage is that the infected passenger(s) could contaminate the jet bridge and gate area.
- Gate the aircraft at a secure, remote gate. The advantage of gating the aircraft at a secure, remote gate is that responders will have unconstrained access to the ill passenger(s). The disadvantages are that the remoteness of the gate could prevent the responders from getting to it and exiting it quickly and that, should the incident be a minor one, the plane may have to be moved to its original gate or an alternate gate at the airport.
- Isolate the aircraft on the airport ramp. One advantage of isolating the aircraft on the airport ramp is that passengers are contained on the airplane and know there is no way off of it until a medical determination is made. Another advantage is that responders will have unconstrained access to the ill passenger(s). The disadvantages are that special equipment may be needed for responders to board the plane and that the remoteness of the area could prevent the responders from getting to it and exiting it quickly. Another disadvantage is that, should the incident be a minor one, the plane may have to be moved to its original gate or an alternate gate at the airport.

Other Initial Considerations

- Keep ventilation system of the aircraft on.
- Keep passengers informed and calm.
- Inform family members and/or those waiting for the airplane.

Initial Response Team

The initial response team is made up of:

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- CDC Quarantine Station personnel
- Airport Police/Fire Department/EMS
- CBP

Planeside Response

1. CDC Quarantine Station personnel or their designated alternates will board the plane and be directed to the ill passenger(s). Before reaching the ill passenger(s), they will don PPE prescribed for the anticipated illness (surgical mask and latex gloves for minor disease incidents or N95 mask, eye shield, and surgical gown and gloves for serious communicable disease incidents). Once they reach the ill passenger(s), they will assess the symptoms, take a travel history, and make an initial determination and disposition.
2. The remaining passengers should have been notified prior to the plane being gated that there is a potential disease incident onboard requiring medical evaluation before the passengers and crew can be cleared for deplaning. This announcement should be made again as the medical responders are boarding the plane, and it should be made periodically during the assessment. However, note that, the longer the assessment takes, the more anxious the remaining passengers will become. Therefore, CBP, TSA, and/or airport police personnel may be asked or even required to board the plane to maintain crowd control.

Response and Passenger Disposition

The response to the ill passenger(s) and the disposition of the potentially exposed passengers on the aircraft depends on the initial determinations and diagnosis of those assessing the ill passenger(s). The following “if-then” conditional statements outline how the passengers will be managed:

1. If the ill passenger is assessed and determined to have an illness that is not of public health significance (e.g., diabetes), then:
 - a. The ill passenger will be transported to a healthcare facility, if necessary, and
 - b. The other passengers and crew will be released.
2. If the ill passenger is assessed and is suspected of having an illness of public health significance, but not one that would pose a threat to other persons on the aircraft or in the community (e.g., yellow fever or malaria), then:
 - The ill passenger will be transported to a healthcare facility for further evaluation or treatment and
 - The other passengers and crew will be released.

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3. If the ill passenger is assessed and is suspected of having a non-quarantinable illness (e.g., measles) that could pose a threat to other persons on the aircraft or in the community, then:
 - The ill passenger will be isolated and provided a mask, if this has not been done already;
 - Other responders and the designated healthcare facility will be alerted to apply appropriate precautions (e.g., PPE);
 - The ill passenger will be transported under appropriate isolation measures to an MOA hospital;
 - Notifications will be made to:
 - CDC Headquarters,
 - MOA hospital, and
 - State/local health departments.
 - Health Alert Notices about the disease will be distributed to the passengers and crew; and
 - Locating information will be collected from the remaining (“well”) passengers and crew before releasing them.
4. If an ill passenger is assessed and suspected of having a quarantinable disease (e.g., pandemic influenza), then:
 - The passenger will be isolated from other passengers and provided a mask, if this has not been done already;
 - Other responders and the designated healthcare facility will be alerted to apply appropriate precautions (e.g., PPE);
 - The ill passenger will be transported under appropriate isolation measures to an MOA hospital;
 - Notifications will be to:
 - CDC Headquarters,
 - MOA hospital, and
 - State and local health departments.
 - All persons who may have been exposed to the ill person, including emergency responders, will be identified, and contact information for each will be collected;
 - Quarantine plans for the exposed passengers will be implemented; and
 - State and local support organizations will be alerted.

Potentially Exposed Passenger Disposition

When an ill passenger is assessed and suspected of having an illness that could pose a threat to other persons on the airplane or in the community, the remaining passengers either will have to provide contact information before being released or they will be quarantined.

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- **Information Given to the Potentially Exposed Passengers:** If the potentially exposed passengers are going to be allowed to deplane, they will be provided with Health Alert Notices or other information instructing them about the signs and symptoms of the disease and what to do if they see any of these signs and symptoms in themselves.
- **Information Collected from the Potentially Exposed Passengers:** At CDC's discretion, contact information for potentially exposed passengers on international flights may be obtained through the CDC Passenger Locator Card. Because most international flights carry hundreds of passengers, the CDC will call on the airline, CBP, and/or TSA to assist them in obtaining this passenger information.

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APPENDIX 6

GUIDELINES FOR VIRUS/BACTERIA SIGNS, SYMPTOMS, AND EXPOSURE

<u>Virus/Bacteria</u>	<u>Signs and Symptoms</u>	<u>Person to Person Transmission</u>	<u>Comments</u>
Cholera	Nausea, Vomiting, Watery diarrhea, rapid loss of bodily fluids, toxemia and collapse.	Rarely	Generally spread by contaminated water and food. Occasionally transmitted by direct person-to-person contact.
Plague	High fever, Headache, General aches, Extreme weakness.	Yes	Transmitted by infected flea bites. Transmitted person-to-person by respiratory particles.
Smallpox	Severe fever, Small blisters on skin, Bleeding of skin and mucous membranes.	Yes	Transmitted person-to-person by respiratory particles and direct contact with infected bodily fluids or contaminated objects such as bedding or clothing.
Yellow Fever	Sudden onset of Chills, Fever, Prostration, Headache, Backache, Muscular pain, Nausea, Vomiting, Jaundice.	No	Transmitted between humans by mosquitoes.
Hemorrhagic Fevers (Marburg, Ebola, Congo Cremean)	Headaches, Fever, Muscle pain, Vomiting, Diarrhea, Weakness, Skin rash and Jaundice	Yes	Animal-to-human transmission is through contact with urine, fecal matter, saliva, or other body excretions from infected rodents. Some viruses may be transmitted to humans by infected mosquito or tick bites. Human-to-human transmission is by close contact with infected persons or their body fluids or contaminated objects.
Severe Acute Respiratory Syndrome (SARS)	Headache, Overall feeling of discomfort and Body aches, fever, mild respiratory symptoms, diarrhea.	Yes	Transmitted by respiratory particles and person-to-person contact.
Influenza (Novel/Pandemic)	Fever, Headache, Extreme tiredness, Dry cough, Sore throat, Runny or stuffy nose, Muscle aches, Stomach symptoms, such as nausea, vomiting, and diarrhea.	Yes	Transmitted by respiratory particles and person-to-person contact.
Diphtheria	Sore throat, Neck swelling, skin lesions.	Yes	Transmitted by respiratory particles.
Infectious Tuberculosis (TB)	Fever, Cough (may be bloody)	Yes	Transmitted by respiratory particles.

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Immediate Assistance/Additional Information:	Universal Precautions Protocol:
<ol style="list-style-type: none"> 1. Call 266-2600, Airport Operations. 2. Call Airport Police through Airport Dispatch at 266-2555. Other phone numbers are 266-2575/2415/4349. 3. Call the Anchorage Quarantine Station at 271-6301 4. Call State Public Health Officer at 269-8000. After hours call 1-800-478-0084. <p style="text-align: center;">FOR MORE INFORMATION ABOUT BIOLOGICAL INCIDENTS</p> <p>CDC – Center for Disease Control and Prevention – www.bt.cdc.gov</p> <p>APIC – Association for Professionals in Infection Control and Epidemiology – www.apic.org/bioterror</p> <p>USAMRIID’s Medical Management of Biological Casualties Handbook – www.usamriid.army.mil/education/bluebook.html</p> <p>State of Alaska, Division of Public Health – www.epi.hss.state.ak.us/id/influenza/fluinfo.htm</p>	<p>Universal Precautions Protocol:</p> <ol style="list-style-type: none"> 1. Place clothing from suspected victim in airtight impervious (e.g., plastic) bags and save for public health/law enforcement authorities. 2. Use soap and water for washing victim. 3. For environmental disinfection consult EPA approved products and recommendations. For example, bleach (standard 6.0%-6.15% sodium hypochlorite) in a 0.6% concentration (1 part bleach to 9 parts water) may be used in some situations. For botulism, plague and smallpox an alternative is to use an EPA-approved germicidal detergent. 4. For smallpox, all bedding and clothing must be autoclaved or laundered in hot water and bleach. 5. For Personal Protective Equipment (PPE) consult NIOSH approved products and recommendations during contact with suspected person and decontamination activities.

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APPENDIX 7

ISOLATION AND DESTRUCTION OF H5N1 SUSPECTED BIRDS

Notification

- Dr. Mike Philo, USDA Veterinarian for Alaska is the first point of contact.
 - Office: (907) 349-0125
 - Cell: (907) 529-7784
- Rose Lombardi and Kevin Wellington are on call while he is away or unavailable.
 - Office: (907) 745-3253
- Gary Brickler, Area Veterinarian in Charge, Olympia, WA should also be notified.
 - Office: (360) 753-9430

USDA Bird Isolation Boxes Located At:

- FedEx CBP AG Office: 249-3252 – Mia Kirk, Bruce Holdeman
- CDC Anchorage Quarantine Station: 271-6301 – Shah Roohi
- North Terminal FIS Customs Office: 271-6313 – CBP Officer or AG Specialist on Duty

Standard Operating Procedures

- Before handling any suspect bird wear protective gear - latex gloves, apron, eye protection, particulate mask.
- Upon interception of suspect H5N1 birds isolate it in a USDA bird isolation box.
- Further isolate by placing the isolation box inside a transport container, such as a locking lid 50 gallon trashcan.
- If the owner/transporter is willing to send the bird back to the country of origin, he/she must fill out the heading and section C of VS Form 17-8 – Pet Bird Agreement. CBP completes the remainder of the form.
- If the owner/transporter is unwilling or unable to return the bird to the country of origin, he/she completes the heading and section D of VS Form 17-8. CBP completes the remainder of the form.
- If the bird is abandoned, it will be euthanized by a USDA APHIS VS Veterinary Medical Officer or designate. CO2 will be used until authority is obtained to allow the Alaska VMO/Port Veterinarian to receive and store barbiturates.
- Disposal of euthanized bird: Soak with Virkon, wrap in plastic for two days then landfill.
- Autoclave at the Alaska Department of Environmental Conservation (DEC) necropsy laboratory.
- All contaminated equipment should be double sealed in garbage bags and quarantined in secure location. Final Treatment and disposition of all contaminated articles has yet to be finalized. SOP will be amended when procedure is in place.

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DISTRIBUTION

FEDERAL

CDC Anchorage Quarantine Station
Customs and Border Protection
Federal Aviation Administration
Federal Bureau of Investigations
Department of Homeland Security
Department of Justice
U.S. Fish and Wildlife Service
U.S. Immigration and Customs Enforcement

STATE OF ALASKA

Department of Environmental Conservation
Department of Law
Department of Transportation and Public Facilities
Department of Health and Human Services
Department of Military and Veterans Affairs

MUNICIPALITY OF ANCHORAGE

Office of Emergency Management
Department of Health and Human Services

HOSPITALS AND SUPPORT AGENCIES

Alaska Regional Hospital
Providence Hospital
American Red Cross of Alaska